

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90315 044 ***150.00

DOCUMENT # N95000005987

1. Entity Name

ALACEL LATIN AMERICAN WIRELESS INDUSTRY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10540 NW 26TH STREET

10540 NW 26TH STREET

MIAMI FL 33172

G-304
 MIAMI FL 33172
 US

2. Principal Place of Business

3. Mailing Address

1110 Brickell Ave 803

1110 Brickell Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami - FL 33131

#803

City & State

Miami - FL 33131

Zip

Country

Zip

Country

4. FEI Number

65-0636887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALARCON-NESTER, JOYCE E
 10540 NW 26TH STREET
 STE G-304
 MIAMI FL 33172

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WIOR, MAURICIO	
STREET ADDRESS	TUCAMAN 744 2ND FLOOR	
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANDOLFO, SANTO	
STREET ADDRESS	% TELCEL AVE. PRINCIPAL LOS CORTIJOS DE LO	
CITY-ST-ZIP	CARACAS, VENEZUELA	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRONCOSO, MARCOS	
STREET ADDRESS	% TRICONN LOPE DE VAGA NO. 95	
CITY-ST-ZIP	DOMINICAN REPUBLIC	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALARCON-NESTER, JOYCE E	
STREET ADDRESS	3411 INDIAN CREEK DRIVE #1003	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALVAS, JORGE	
STREET ADDRESS	AV. PROLONG. PASEO DE LA REFORMA 1236	
CITY-ST-ZIP	DEL CUAJIMALPS DF, MEXICO	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERMOSELLE, RAFAEL	
STREET ADDRESS	10540 NW 26 STREET, G-304	
CITY-ST-ZIP	MIAMI FL 33172	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joyce Alarcon-Nester Executive Director 4/25/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E037 (9/01)